JR			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -60-027593
ENDE		VS	S JUL 2.8 1960
1 1	- 	-[1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. COUNTY b. COUNTY admission)
	1		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR Inside Limits
			TOWN / Varrows /ownship. Life TOWN R.K. Jacksonville Yes I No De
		ı	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. Jackson ville Inside Limits Yes \(\text{No [B]} \) No (B) Inside Considering (If cutside, give location) Yes \(\text{No } \text{No } \text{D} \)
			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) Rosella - Stanfield DEATH July 9. 1960
			5. SEX 6. COLONOR RACE 7. Married P Never Married B. DATE OF BIRTH 9. AGE (last birthday) 1F UNDER 1 YEAR IF UNDER 24 HR Widowed Divorced Ct. 24 1875 84 Months Days Hours Min.
		ļ	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Macon County, Mo. U.S.A.
			James R. Herrington Anna M. Rice W. A. Stanfield
		l	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war of dates of service)
	<u> </u>	Z	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
		DOCUMEN	IMMEDIATE CAUSE (a)
	12	ĭ	Conditions, if any, which gave rise to above cause (a).
	7	ı	stating the under- lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was famale we there a pregnancy in last 90 days Yes DECNO Unknown
		ŀ	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES (] NO 60
		ľ	ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
		l	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 5 tarm, factory, street, office bidg., etc.)
			21. I attended the deceased from 1952, to 29,1960 and last saw her alive on 1960. The path occurred at 3,20 from the date stated above, and to the best of my knowledge, from the causes stated.
	.	5	Death occurred at
			23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	1774	Jrri U	REMOVAL (Specify) BUT OF SOLEM COM. EXCELLO, MO. 24. PHNERAL DIRECTOR, ADDRESS 25. DATE RECD. BY LOCAL REG. 26/RIGISTRAN'S SIGNATURE (1)
		à	Lester Settler Marion. No. 7-14/les Rule Miles
·			(Licensed Embalmer's Statement on Reverse Side)

Misias Me Marien INCOME I will be up him Marine Commence 1818 . See L. Walle - 120 · 100 · 100 NE 3116 To and write

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

, Student Embalmer No.....

working under my personal supervision.

Student_

mic to Scarfe De Loren

Buckey Butter 12 " On K. C. Walle

Signed Charles L. Hutton Licensed Embalmer No. 45

Lagrange to the color of the second color in

- 1. m. m.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.